

Revision: HCFA - Region VI  
November 1990

State TENNESSEE

Citation

42 CFR Part  
440, Subpart B  
42 CFR 441.15  
AT-78-90  
AT-80-34

Section 1905(a)(4)(A)  
of Act (Sec. 4211(f)  
of P.L. 100-203).

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

☒ Yes, to all

☐ Yes, to individuals age 21 or over; nursing facility services are provided.

☐ Yes, to individuals under age 21; nursing facility services are provided.

☐ No; nursing facility services are not provided.

☐ Not applicable; the medically needy are not included under this plan

TN # 91-9  
Supersedes  
TN # 82-18

Approval Date 4/4/91

Effective Date 1-1-91

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State TENNESSEE

Citation  
42 CFR 440.260  
AT-78-90

3.1(d) Methods and Standards to Assure  
Quality of Services

The standards established and the  
methods used to assure high quality  
care are described in ATTACHMENT 3.1-C.

TN # 76-11  
Supersedes  
TN # \_\_\_\_\_

Approval Date 5/19/77

Effective Date 11/23/76

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State TENNESSEE

Citation  
42 CFR 441.20  
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # 76-11  
Supersedes  
TN # \_\_\_\_\_

Approval Date 5/9/77 Effective Date 11/23/76

Revision: HCFA-PM-87-5 (BERC)  
APRIL 1987

OMB No.: 0938-0193

State/Territory: TENNESSEE

Citation  
42 CFR 441.30  
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)  
of the Act,  
P.L. 99-272  
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. 87-19 ✓  
Supersedes  
TN No. 76-11

Approval Date JUL 14 1987

Effective Date 1-1-87

HCFA ID: 1008P/0011P

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: Tennessee

Citation  
42 CFR 431.110(b)  
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of  
the Act,  
P.L. 99-509  
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

1-22-91 ☒ 30 consecutive days;

☐ \_\_\_ days (the maximum number of inpatient days allowed under the State plan);

- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

☒ Yes. The requirements of section 1902(e)(9) of the Act are met.

☐ Not applicable. These services are not included in the plan.

TN No. 90-25  
Supersedes  
TN No. 87-13

Approval Date 1-30-91

Effective Date 10-1-90

HCFA ID: 1008P/0011P